

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 7-28-00	2 Serial/Patent # 09/521524
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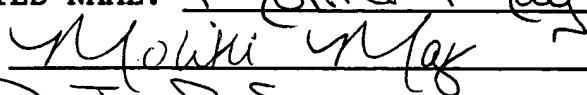
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
X	Other			\$ 468.00

Reply Ref: 08/01/2000 PALLETT 0006200500  
DA# 190743 Name/Number: 09521524  
FC: 104 \$468.00 CR

10 REASON:		7 TOTAL AMOUNT OF REFUND	8 TO BE REFUNDED BY:
<input checked="" type="checkbox"/> Overpayment		\$ 468.00	<input checked="" type="checkbox"/> Treasury Check
<input type="checkbox"/> Duplicate Payment			<input type="checkbox"/> Credit Deposit A/C #:
<input type="checkbox"/> No Fee Due (Explanation):			9 <input type="checkbox"/> <input type="checkbox"/> -- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Moliki May TITLE: L.I.S.

SIGNATURE:  PHONE: \_\_\_\_\_

OFFICE: O.I.P.E.

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B